

# **EXHIBIT 4**

UnitedHealthcare Insurance Company  
22703 Network Place  
606731227C0003  
Chicago IL 60673-1227



Page: 2 of 55

1956473P5N0020002

Pioneer Health Services, Inc.  
Greg Baldwin  
100 Pioneer Way  
Magee MS 39111

Invoice No: 0041091805  
Invoice Date: Jul 13, 2016  
Customer No: 684454  
Bill Group: 1  
Coverage Pd: 08/01-08/31/2016  
Due Date: Aug 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
Ambulatory Equipment Employees (HSA)			\$0.00	\$0.00
MS 2016 HSA CH+PS1 Plan AFK7			\$0.00	\$0.00
Employee Only	1		\$469.46	\$469.46
Subtotal - Ambulatory Equipment Employees (HSA)	1		\$0.00	\$469.46
Ambulatory Equipment Employees (HSA)			\$0.00	\$0.00
MS 2016 HSA CH+PS1 Plan 96D			\$0.00	\$0.00
EE + Spouse	2		\$889.97	\$1,779.94
Employee Only	1		\$399.09	\$399.09
Subtotal - Ambulatory Equipment Employees (HSA)	3		\$0.00	\$2,179.03
COBRA (HSA)			\$0.00	\$0.00
MS 2016 HSA CH+PS1 Plan AFK7			\$0.00	\$0.00
EE + Spouse	1		\$1,046.90	\$1,046.90
EE +1 or more Children	2		\$755.83	\$1,511.66
Employee Only	6		\$469.46	\$2,816.76
Subtotal - COBRA (HSA)	9		\$0.00	\$5,375.32
Corporate Employees (HSA)			\$0.00	\$0.00
MS 2016 HSA CH+PS1 Plan AFK7			\$0.00	\$0.00
EE + Family	1		\$1,375.52	\$1,375.52
EE + Spouse	2		\$1,046.90	\$2,093.80
EE +1 or more Children	9		\$755.83	\$6,802.47
Employee Only	72		\$469.46	\$33,801.12
Subtotal - Corporate Employees (HSA)	84		\$0.00	\$44,072.91
Corporate Employees (HSA)			\$0.00	\$0.00
MS 2016 HSA CH+PS1 Plan 96D			\$0.00	\$0.00
EE + Family	5		\$1,169.34	\$5,846.70
EE + Spouse	4		\$889.97	\$3,559.88
EE +1 or more Children	6		\$642.53	\$3,855.18
Employee Only	32		\$399.09	\$12,770.88
Subtotal - Corporate Employees (HSA)	47		\$0.00	\$26,032.64
Early County Employees (HSA)			\$0.00	\$0.00
MS 2016 HSA CH+PS1 Plan AFK7			\$0.00	\$0.00
EE + Family	2		\$1,375.52	\$2,751.04
EE +1 or more Children	5		\$755.83	\$3,779.15
Employee Only	75		\$469.46	\$35,209.50
Subtotal - Early County Employees (HSA)	82		\$0.00	\$41,739.69
Early County Employees (HSA)			\$0.00	\$0.00
MS 2016 HSA CH+PS1 Plan 96D			\$0.00	\$0.00
EE + Family	5		\$1,169.34	\$5,846.70
EE +1 or more Children	1		\$642.53	\$642.53
Employee Only	37		\$399.09	\$14,766.33
Subtotal - Early County Employees (HSA)	43		\$0.00	\$21,255.56
Lackey Hospital Employees (HSA)			\$0.00	\$0.00
MS 2016 HSA CH+PS1 Plan AFK7			\$0.00	\$0.00
EE + Family	1		\$1,375.52	\$1,375.52
EE +1 or more Children	14		\$755.83	\$10,581.62

Page: 3 of 55

1956473P5N0020002

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee MS 39111

Invoice No: 0041091805  
 Invoice Date: Jul 13, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Pd: 08/01-08/31/2016  
 Due Date: Aug 01, 2016

## Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
Employee Only	47		\$469.46	\$22,064.62
<b>Subtotal - Lackey Hospital Employees (HSA)</b>	<b>62</b>		<b>\$0.00</b>	<b>\$34,021.76</b>
<b>Lackey Hospital Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
MS 2016 HSA CH+PS1 Plan 96D			\$0.00	\$0.00
EE + Family	6		\$1,169.34	\$7,016.04
EE +1 or more Children	6		\$642.53	\$3,855.18
Employee Only	50		\$399.09	\$19,954.50
<b>Subtotal - Lackey Hospital Employees (HSA)</b>	<b>62</b>		<b>\$0.00</b>	<b>\$30,825.72</b>
<b>Medicomp Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
MS 2016 HSA CH+PS1 Plan AFK7			\$0.00	\$0.00
EE + Family	1		\$1,375.52	\$1,375.52
EE +1 or more Children	8		\$755.83	\$6,046.64
Employee Only	38		\$469.46	\$17,839.48
<b>Subtotal - Medicomp Employees (HSA)</b>	<b>47</b>		<b>\$0.00</b>	<b>\$25,261.64</b>
<b>Medicomp Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
MS 2016 HSA CH+PS1 Plan 96D			\$0.00	\$0.00
EE + Spouse	2		\$889.97	\$1,779.94
EE +1 or more Children	7		\$642.53	\$4,497.71
Employee Only	47		\$399.09	\$18,757.23
<b>Subtotal - Medicomp Employees (HSA)</b>	<b>56</b>		<b>\$0.00</b>	<b>\$25,034.88</b>
<b>Monroe County Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
MS 2016 HSA CH+PS1 Plan AFK7			\$0.00	\$0.00
EE + Spouse	1		\$1,046.90	\$1,046.90
EE +1 or more Children	5		\$755.83	\$3,779.15
Employee Only	49		\$469.46	\$23,003.54
<b>Subtotal - Monroe County Employees (HSA)</b>	<b>55</b>		<b>\$0.00</b>	<b>\$27,829.59</b>
<b>Monroe County Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
MS 2016 HSA CH+PS1 Plan 96D			\$0.00	\$0.00
EE + Family	8		\$1,169.34	\$9,354.72
EE + Spouse	4		\$889.97	\$3,559.88
EE +1 or more Children	6		\$642.53	\$3,855.18
Employee Only	24		\$399.09	\$9,578.16
<b>Subtotal - Monroe County Employees (HSA)</b>	<b>42</b>		<b>\$0.00</b>	<b>\$26,347.94</b>
<b>Oneida Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
MS 2016 HSA CH+PS1 Plan AFK7			\$0.00	\$0.00
EE +1 or more Children	6		\$755.83	\$4,534.98
Employee Only	9		\$469.46	\$4,225.14
<b>Subtotal - Oneida Employees (HSA)</b>	<b>15</b>		<b>\$0.00</b>	<b>\$8,760.12</b>
<b>Oneida Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
MS 2016 HSA CH+PS1 Plan 96D			\$0.00	\$0.00
EE + Family	1		\$1,169.34	\$1,169.34
EE + Spouse	1		\$889.97	\$889.97
EE +1 or more Children	1		\$642.53	\$642.53
Employee Only	9		\$399.09	\$3,591.81
<b>Subtotal - Oneida Employees (HSA)</b>	<b>12</b>		<b>\$0.00</b>	<b>\$6,293.65</b>
<b>Patrick County Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
MS 2016 HSA CH+PS1 Plan AFK7			\$0.00	\$0.00

Page: 4 of 55

1956473PSN0020003

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee MS 39111

Invoice No: 0041091805  
 Invoice Date: Jul 13, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Pd: 08/01-08/31/2016  
 Due Date: Aug 01, 2016



## Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
EE +1 or more Children	10		\$755.83	\$7,558.30
Employee Only	17		\$469.46	\$7,980.82
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>27</b>		<b>\$0.00</b>	<b>\$15,539.12</b>
<b>Patrick County Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
<b>MS 2016 HSA CH+PS1 Plan 96D</b>			<b>\$0.00</b>	<b>\$0.00</b>
EE + Family	2		\$1,169.34	\$2,338.68
EE +1 or more Children	7		\$642.53	\$4,497.71
Employee Only	24		\$399.09	\$9,578.16
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>33</b>		<b>\$0.00</b>	<b>\$16,414.55</b>
<b>Stokes County Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
<b>MS 2016 HSA CH+PS1 Plan AFK7</b>			<b>\$0.00</b>	<b>\$0.00</b>
EE + Family	1		\$1,375.52	\$1,375.52
EE + Spouse	2		\$1,046.90	\$2,093.80
EE +1 or more Children	14		\$755.83	\$10,581.62
Employee Only	47		\$469.46	\$22,064.62
<b>Subtotal - Stokes County Employees (HSA)</b>	<b>64</b>		<b>\$0.00</b>	<b>\$36,115.56</b>
<b>Stokes County Employees (HSA)</b>			<b>\$0.00</b>	<b>\$0.00</b>
<b>MS 2016 HSA CH+PS1 Plan 96D</b>			<b>\$0.00</b>	<b>\$0.00</b>
EE + Family	1		\$1,169.34	\$1,169.34
EE + Spouse	2		\$889.97	\$1,779.94
EE +1 or more Children	2		\$642.53	\$1,285.06
Employee Only	38		\$399.09	\$15,165.42
<b>Subtotal - Stokes County Employees (HSA)</b>	<b>43</b>		<b>\$0.00</b>	<b>\$19,399.76</b>
<b>TOTAL</b>	<b>787</b>		<b>\$0.00</b>	<b>\$412,988.90</b>

Page: 52 of 55

1956473P5N0020027

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee MS 39111

Invoice No: 0041091847  
 Invoice Date: Jul 13, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Pd: 05/01-07/31/2016  
 Due Date: Aug 01, 2016



## Adjustment Invoice Detail

Name	Charge Period	Plan	ID	Coverage	Volume(000's)	Status	Charge Amount
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE1+CHRN		Trm	\$ -761.85
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	06/01-06/30/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Chg	\$527.90
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Chg	\$527.90
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE1+CHRN		Trm	\$ -849.92
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	06/01-06/30/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90

Page: 53 of 55

1956473P5N0020027

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee MS 39111

Invoice No: 0041091847  
 Invoice Date: Jul 13, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Pd: 05/01-07/31/2016  
 Due Date: Aug 01, 2016

## Adjustment Invoice Detail

Name	Charge Period	Plan	ID	Coverage	Volume(000's)	Status	Charge Amount
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91		EE-ONLY		Trm	\$ -443.46
	06/01-06/30/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	06/01-06/30/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE1+CHRN		Chg	\$761.85
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Chg	\$527.90
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Trm	\$ -473.20
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -533.51
	06/01-06/30/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90
	07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP		EE-ONLY		Chg	\$473.20
	07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$ -527.90

Page: 54 of 55

1956473P5N0020028

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee MS 39111

Invoice No: 0041091847  
 Invoice Date: Jul 13, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Pd: 05/01-07/31/2016  
 Due Date: Aug 01, 2016



## Adjustment Invoice Detail

Name	ID	Charge Period	Plan	Coverage	Volume(000's)	Status	Charge Amount
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$ -527.90
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$ -527.90
		07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP	EE-ONLY		Trm	\$ -473.20
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$ -527.90
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$ -849.92
		07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP	EE+FAMILY		Chg	\$1,386.48
		07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP	EE1+CHRN		Trm	\$ -761.85
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$ -849.92
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$ -527.90
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE1+CHRN		Chg	\$849.92
		07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP	EE1+CHRN		Trm	\$ -761.85
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$ -849.92
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$ -527.90
		06/01-06/30/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$527.90
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$527.90
		07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP	EE-ONLY		Trm	\$ -473.20
		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$533.51
		06/01-06/30/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$527.90
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$527.90
		07/01-07/31/2016	MS 2016 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$ -527.90
		07/01-07/31/2016	MS 2016 HSA CH+PS1 Plan AFJP	EE-ONLY		Trm	\$ -473.20
				<b>TOTAL</b>			<b>\$ -19,566.54</b>

Page: 55 of 55

1956473P5N0020028

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee MS 39111

Invoice No: 0041091847  
 Invoice Date: Jul 13, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Pd: 05/01-07/31/2016  
 Due Date: Aug 01, 2016

## Adjustment Invoice Detail

Name	Charge Period	Plan	ID	Coverage	Volume(000's)	Status	Charge Amount
------	---------------	------	----	----------	---------------	--------	---------------

PLEASE VISIT EMPLOYER ESERVICES AT [WWW.EMPLOYERESERVICES.COM](http://WWW.EMPLOYERESERVICES.COM) TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employees and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

Applicable to Employers with Enrollees residing in Texas: Employers are responsible for premiums on Enrollees who are no longer eligible for group coverage until the end of the month in which you notify UnitedHealthcare of the Enrollee's termination. UnitedHealthcare's preferred method for notification of termination of coverage is through Employer eServices at [www.employereservices.com](http://www.employereservices.com).

Please contact your Billing/Accounts Receivable Representative if you have any questions. Thank you.

This invoice covers eligibility charges from the following entities:  
 UnitedHealthcare Insurance Company